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PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

10052907

CLAIMS AS FILED - PART I

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (37 CFR 1.16(n))		
TOTAL CLAIMS (37 CFR 1.16(c))	163	minus 20 = * . 143
INDEPENDENT CLAIMS (37 CFR 1.16(b))	4	minus 3 = * 1
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))		✓

If the difference in column 1 is less than zero, enter "0" in column 2.

CLAIMS AS AMENDED - PART II

AMENDMENT A	(Continued)		(Continued)		(Continued)	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA	
Total (37 CFR 1.16(c))	*	Minus	**		=	
Independent (37 CFR 1.16(b))	*	Minus	***		=	

(Column 1) (Column 2) (Column 3)

AMENDMENT B	(Column 1)		(Column 2)		(Column 3)	
			CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	
	Total (37 CFR 1.16(c))	*	Minus	**	=	
	Independent (37 CFR 1.16(b))	*	Minus	***	=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						(37 CFR 1.16(d))

(Column 1) (Column 2) (Column 3)

AMENDMENT C	(Continued)		(Continued)	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(c))	*	Minus	**	=
Independent (37 CFR 1.16(d))	*	Minus	***	=

**SMALL ENTITY OR OTHER THAN
SMALL ENTITY**

RATE	FEES	RATE	FEES
	\$ 370	OR	\$ _____
x \$ _____ =	1289,-	OR	x \$ _____ =
x _____ =	42,-	OR	x _____ =
+ _____ =	140,-	OR	+ _____ =
TOTAL		TOTAL	

**OTHER THAN
SMALL ENTITY**

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
x \$ ____ =	0	OR x \$ ____ =	
x ____ =	0	OR x ____ =	
+ ____ =		OR + ____ =	
TOTAL ADDT. FEE		TOTAL ADDT. FEE	

OK YOUR ADDIT. FEE

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
x \$ ____ =		x \$ ____ =	
x ____ =		x ____ =	
+ ____ =		+ ____ =	
TOTAL ADDIT. FEE		TOTAL ADDIT. FEE	

ADDIT. FEE ADDIT. FEE

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
x \$ ____ =		OR x \$ ____ =	
x ____ =		OR x ____ =	
+ ____ =		OR + ____ =	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

**** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".**

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.